

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032990

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 225 Primary Registration District No. 5797 Registrar's No. 14

STATE FILE NUMBER

FILED AUG 26 1963

VS 300 Rev. 4/59	DATE AMENDED				
10680	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS				
20680	INSTEAD OF				
3	DOCUMENT				
4 1	BY AFFIDAVIT OF				
5 2					
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7 0					
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9 332X					
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12 90-0					
13 2-0					

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fortuna</u>		Length of stay in 1b <u>16 Years</u>	c. CITY OR TOWN <u>Fortuna</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 5</u>		Inside Limits Year <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Highway 5</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Susan</u> Middle <u>Frances</u> Last <u>Scott</u>			4. DATE OF DEATH Month <u>August</u> Day <u>16</u> Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-27-72</u>
9. AGE (last birthday) <u>91</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Moniteau Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>John Atkeson</u>	
14. MOTHER'S MAIDEN NAME <u>Nancy Carhenter</u>		15. NAME OF HUSBAND OR WIFE <u>George J. Scott</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT Name <u>Frank Scott</u> Address <u>Kansas City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from <u>1961</u> to <u>Aug 16 1963</u> and last saw her/him alive on <u>Aug 16 1963</u> Death occurred at <u>4:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jack Gunn MD</u>		22b. ADDRESS <u>Versailles, Mo.</u>	22c. DATE SIGNED <u>8.17.63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-18-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jipton, Missouri</u>
24. FUNERAL DIRECTOR <u>Kidwell Funeral Home Versailles, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 19 '63</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Maud Hudson</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 31 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond C. Fisher

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.